

Society Reports.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, Tuesday Evening, April 1, 1890.

The President, Dr. GEO. W. JACOBY, in the chair.

Dr. M. D. FIELD presented a report of a

CASE OF FEIGNED INSANITY. (See p. 401.)

Dr. FITCH said that malingerers could not feign mania and melancholia so successfully as they could the condition of stupor. It was difficult for examiners to determine the exact nature of the case, when the latter state was simulated, for obvious reasons. He related some instances of feigned insanity that had come under his observation.

Dr. INGRAM referred to a case described by Esquinol which was similar in many respects to that of Dr. Field.

Dr. SACHS recalled an interesting case that he had observed in Westphal's clinic nine years ago. The motive of the patient was to escape military duty. The man was twenty-two years of age. He became suddenly mute for six or seven months. There were no other symptoms. All the military physicians had either agreed that the man was insane or suspected that condition. He was sent to Prof. Westphal. At this time he further simulated a contracture of the right leg. It was impossible to surprise him at an unguarded moment, for even at night they would invariably find the contracture present. He would so envelop the limb in the bedclothes that any attempt at examination would awaken him. Finally an officer was hidden in a room where the patient was to meet a friend, with whom he talked quite freely, and the malingering was thus discovered.

Dr. FISHER thought it would be impossible for any one to say whether a person was insane or not when in a condition such as had been described by Dr. Field, unless the person were under constant observation. Simulators seemed to be more often found in the classes of feeble-minded and imbecile, or in those with hereditary neurotic taint.

Dr. LESZYNSKY related an interesting case of deception practised by a woman with chronic mania. She inserted a piece of glass into her arm, which one of the physicians in the asylum removed by operation. She then claimed that there was another piece in a neighboring spot, and this too was located and removed. This was repeated over and over again quite a number of times before it was ascertained

that she was herself inserting the pieces of glass into her flesh.

Dr. DANA had seen stuporous forms of insanity, at Bellevue, often associated with catalepsy. They were a species of katatonia. In cases of simulated catalepsy there was an excellent test which he had made use of to discover the simulation. It consisted in placing the supposed cataleptic before another patient in the familiar attitude with his fingers to his nose. This position appeals to the sense of the ridiculous to such an extent that the simulator will finally break down, as a rule; of course, the true cataleptic remains unaffected.

Dr. G. M. HAMMOND then read a paper upon

THE RATIONAL TREATMENT OF SCIATICA. (See p. 333.)

Dr. DANA thought that the author of the paper had done good service in calling attention to the fact that rheumatism, gout, and syphilis were not causative elements in sciatica, but merely diatheses, at times coincident with the disease of the nerve. Almost all cases were of an inflammatory nature. There was a minority of cases, however, in which there was no actual neuritis, but a pure neuralgia, often reflex and due to pelvic irritation, and especially found in young women. He believed the treatment outlined to be rational. Rest was fundamental, but he had had quite as much success with strong counter-irritation, in addition to the rest, as with the application of cold.

Dr. STARR mentioned the fact that acupuncture had been employed as a remedy in sciatica, a contributor to the "Practitioner" having recently called attention to the method, claiming that fluid accumulating in the sheath of the nerve might thus be evacuated. He had himself had no experience with it.

THE PRESIDENT differed from the author of the paper and from Dr. Dana in their statement that rheumatism, gout, and syphilis had no particular causative relation to sciatica. There was not perhaps so much relation between sciatica and gout and syphilis as between sciatica and rheumatism, but his experience led him to be convinced of such relation. He had also met with a number of cases of sciatica due to diabetes; and if diabetes could do so, why could not the rheumatic poison produce a similar sciatic neuritis?

In treatment he had found the galvanic current very unsatisfactory, but the application of cold useful. He had also employed ichthyol with considerable benefit.

The following officers were elected for the ensuing year :

President—Dr. Landon Carter Gray.

First Vice-President—Dr. B. Sachs.

Second Vice-President—Dr. E. D. Fisher.

Recording Secretary—Dr. Frederick Peterson.

Corresponding Secretary—Dr. W. M. Leszynsky.

Treasurer—Dr. Græme M. Hammond.

Councilors—Dr. G. W. Jacoby, Dr. C. L. Dana, Dr. M. D. Field, Dr. M. Allen Starr, Dr. E. C. Seguin.

FREDERICK PETERSON,

Recording Secretary.

PHILADELPHIA NEUROLOGICAL SOCIETY.

Stated Meeting, April 28, 1890.

The President, Dr. S. Weir Mitchell, in the chair.

Paper of Dr. Bassette.

DISCUSSION.

Dr. S. WEIR MITCHELL.—I was probably the first to suggest the use of gelsemium in these affections. I used it in a number of cases, and my results were reported in some clinical papers published ten or twelve years ago. At that time I recommended that it be pushed to an extreme limit until the toxic effects were obtained. I have recently observed some interesting results from the use of this drug. In two cases there has been complete cure of spasm of the rotatory muscles of the neck. In a recent case at the Infirmary for Nervous Diseases great relief has been afforded, although the cure is not complete. In another case, on which an operation was about to be performed, I recommended to Dr. M. Roberts the use of gelsemium in full doses. The relief was so great that the patient declined operation.

Dr. Bassette speaks of spasm of the spinal accessory nerve. I am certain that very few of the rotatory spasms of the neck are pure spinal accessory spasms. I have not seen any case where section of the spinal accessory nerve caused a spasm of the neck-muscles to stop for more than twenty-four hours. I have seen the muscle cut, the nerve divided, and the nerve divided and stretched, but I have not seen any permanent benefit. The reason for this failure is that the rotating muscles of the neck are situated on both